



BOARD OF VOCATIONAL NURSING AND PSYCHIATRIC TECHNICIANS

**2535 CAPITOL OAKS DRIVE, SUITE 205
SACRAMENTO, CALIFORNIA 95833-2945
TELEPHONE (916) 263-7800; FAX (916) 263-7855
INTERNET ADDRESS: <http://www.bvnpt.ca.gov>**



EXPERT WITNESS APPLICATION

PRINT OR TYPE (DO NOT USE PENCIL)

1. NAME			(LAST)	(FIRST)	(MIDDLE)
2. HOME ADDRESS			(STREET OR BOX NUMBER)		(APT. NO)
3. (CITY)			(STATE)		(ZIP)
4. WORK ADDRESS			(STREET OR BOX NUMBER)		(APT. NO)
5. (CITY)			(STATE)		(ZIP)
6. BIRTHDATE Month Day Year		7. SOCIAL SECURITY NUMBER		8. TELEPHONE NUMBERS	
				Business () AREA CODE FAX () Home () AREA CODE FAX ()	
9. Are you currently licensed as a registered nurse (RN), licensed vocational nurse (LVN) or psychiatric technician (PT)? <input type="checkbox"/> Yes <input type="checkbox"/> No					
10. Please provide your licensure information: <input type="checkbox"/> RN License #: _____ Date Licensed: _____ Expiration Date: _____ <input type="checkbox"/> LVN License #: _____ Date Licensed: _____ Expiration Date: _____ <input type="checkbox"/> PT License #: _____ Date Licensed: _____ Expiration Date: _____					
11. Have you ever had disciplinary action taken against your license? (If yes, please attach detailed explanation.) <input type="checkbox"/> Yes <input type="checkbox"/> No					
12. Current Employer: _____ Current Title: _____ Dates of Employment: _____					
13. Have you worked directly with LVNs or PTs within the last 12 months, either as an educator or practitioner? <input type="checkbox"/> Yes <input type="checkbox"/> No					
14. Are you knowledgeable of the laws, regulations and standards that govern vocational nursing or psychiatric technician practice in California? A. Vocational Nursing Practice: <input type="checkbox"/> Yes <input type="checkbox"/> No B. Psychiatric Technician Practice: <input type="checkbox"/> Yes <input type="checkbox"/> No					
15. If selected, are you able to testify at administrative and criminal hearings throughout the state? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<u>16. Please attach a resume and sample of a document you have composed and written.</u>					
17. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date: _____ Signature: _____					

RETURN THIS FORM TO THE BOARD'S OFFICE AT THE ADDRESS NOTED ABOVE.

FOR OFFICIAL BOARD USE ONLY

DATE RECEIVED: _____ DATE EVALUATED: _____ REVIEWED BY: _____

RECOMMENDED STATUS: Primary Alternate Not Qualified DATE APPLICANT NOTIFIED: _____

AREA OF EXPERTISE: _____